



MAIN OFFICE

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mass.gov/mtrs



Primary
treating physician .. _____

Date sent
to physician _____

Please return **Within 30 days
of receipt**

Type of disability
applied for ☐ Accidental ☐ Ordinary
☐ Both

Applicant _____

Social Security
number _____

School district _____

Disability Applicant's Physician's Statement

I N T R O D U C T I O N

■ Who should complete this form and narrative report?

In accordance with 840 CMR 10.06(1)(b), this Statement must be prepared by the licensed medical doctor who has furnished primary treatment in connection with the applicant's disability.

■ Why are we asking you to complete this form and a narrative report?

In the disability retirement application the applicant submitted to the Massachusetts Teachers' Retirement System, the applicant has identified you as the physician who has provided the primary care and treatment for his or her disability.

There are two types of disability retirement:

- **accidental:** an individual is asserting that his or her disability is the result of a job-related incident or injury or hazard undergone.
- **ordinary:** an individual is **not** asserting that his or her disability is the result of a job-related incident or injury or hazard undergone.

Depending on the type of disability retirement the individual has applied for, you are asked to consider specific questions and to submit a written report that supports the medical basis for your conclusions.

■ Are there key standards or guidelines that you should consider when completing this form and narrative report?

Yes, please review the *Permanency Standard* and the *Aggravation of a Pre-Existing Standard* on page 2.

■ Whom should you contact if you have questions about this form and narrative report?

If you have any questions or need clarification, please contact our Disability Case Manager at (617) 679-MTRS (6877).

■ What is the process associated with this form and narrative report?

The applicant's disability retirement application will not be considered complete until this completed form—including the required narrative report—has been received by the MTRS. Delays in filing any of the required materials will impede timely processing of the application. You need to:

- **Complete** the form on page 1.
- **Write** the narrative report.
- **Make a copy** of this page, page 1 and your narrative report for your files.
- **Send** the originals of this page, page 1 and your narrative report to:
Disability Case Manager, Massachusetts Teachers' Retirement System
One Charles Park, Cambridge, MA 02142-1206.

Applicant

(see cover)

- Applicant's name _____ Social Security number _____
- Type of disability applied for ☐ Accidental ☐ Ordinary ☐ Both

Primary Treating Physician

- Name _____
Last First Middle
- Specialization _____
- Address _____
Number and street Suite/floor
- City State ZIP
- Phone (_____) _____ Fax (_____) _____
- Are you certified to practice medicine?... ☐ No ☐ Yes, in the following state(s): _____
- Have you provided the applicant with professional care with respect to his or her current disability? ☐ No ☐ Yes, since (month/year): _____
- Have you provided the applicant with professional care with respect to other medical reasons not connected to or her current disability? ☐ No ☐ Yes, since (month/year): _____
- If the type of disability applied for is accidental disability, please state the date of injury..... ☐ N/A ☐ Date: _____

Physician's Certification of Applicant's Disability Status

- Based on my physical examination of the applicant, my review of the applicant's job description and my knowledge of the pertinent facts of the case as described in my attached report, I hereby certify and respond as follows regarding the applicant's claim of disability:
- 1 For all applicants:** Is the applicant mentally or physically incapable of performing the essential duties of his or her particular job as described by his or her employer on the enclosed job description? ☐ No ☐ Yes
- 2 For all applicants:** Is said incapacity likely to be permanent? ☐ No ☐ Yes
(Please refer to *Permanency Standard* on page 2.)
- 3 Mandatory for accidental disability applicants:** Is said incapacity such as might be the natural and proximate result of the claimed personal injury sustained or hazard undergone in the performance of the applicant's duties and on account of which this disability retirement is based? ☐ No ☐ Yes
(This may include an aggravation of a pre-existing condition. Please refer to *Aggravation of a Pre-Existing Condition Standard* on page 2.)

Physician's Statement

- I, the undersigned physician, understand that the above-named applicant is a member of the Massachusetts Teachers' Retirement System who has applied for disability retirement pursuant to the provisions of Massachusetts General Laws, Chapter 32. I certify that I have read and understand the information contained in this statement, and I subscribe, under the penalties of perjury, that the information I have supplied in this statement and in my attached report is true, complete and correct to the best of my knowledge.

Physician's signature _____ Date _____

Format for Narrative Report

Please note that the Board members will read your report as part of their decision-making process. Clarity, conciseness and consistency are important elements in ensuring that the Board fully understands your viewpoint. It would be most helpful if your response conforms to the format specified herein.

PART ONE: BACKGROUND

1) Applicant information

- the name of the applicant who was examined
- the applicant's Social Security number
- the type of disability applied for (accidental or ordinary)

2) Information about your care of the applicant

- whether you have provided the applicant with professional care with respect to his or her current disability
- whether you have provided the applicant with professional care with respect to other medical reasons that are unrelated to his or her current disability
- if the applicant has applied for accidental disability retirement, the date of injury or hazard undergone

3) Applicant's medical history

- a history of the applicant's illness or condition (include a description of injury or hazard undergone)
- a description of the applicant's current symptoms
- the applicant's past medical history, including operative procedures, hospitalizations, medications, allergies, etc.

PART TWO: EVALUATION

1) Your diagnosis

- What is your diagnosis of the applicant's condition and the nature of his or her incapacity or impairment, if any, and the medical basis for your conclusions?

2) Permanency

- What is the basis for your conclusion that the applicant's disability is or is not likely to be permanent?
- Is the nature of the applicant's condition or injury such that it can be expected to improve to any degree over time? If improvement is expected, what is the anticipated length of the recovery period?
- If you knew that the applicant was willing and able to undergo medical treatment or rehabilitation, would you change your opinion about the permanency of the applicant's disability?

3) Duties and gainful occupation

- What are the job duties and activities that the applicant is unable to perform?
- What type of gainful occupation could the applicant perform in light of his or her current mental and physical condition, training and qualifications?

4) Causality (accidental disability cases only)

- What is the medical basis for your conclusion that the disability is or is not such as might be the natural and proximate result of the personal injury sustained or hazard undergone in the performance of the applicant's duties and on account of which disability retirement is claimed?
- Is there any event or condition in the applicant's medical history—other than the work-related personal injury or hazard undergone upon which the disability retirement application is based—that might have contributed to or resulted in the disability claimed?
- If there is such a contributing condition or event, what is the likelihood that the applicant's disability or incapacity was the natural and proximate result of that event or condition?
- Please weigh each set of factors. Is it more likely that the disability was caused by the job-related personal injury or hazard undergone (upon which this disability application is based), or the non-work-related condition or event? What formed the basis for your conclusion?

Permanency Standard

A disability is permanent if it will continue for an indefinite period of time that is likely to never end even though recovery at some remote, unknown time is possible. If the regional medical panel is unable to determine when the applicant will no longer be disabled, they must consider the disability to be permanent. However, if the recovery is reasonably certain after a fairly definite time, the disability cannot be classified as permanent. It is imperative that the physician makes his or her determination based on his or her treatment of the applicant and other available medical tests or medical records that have been provided. It is not the physician's task to look into employment possibilities that may become available to an applicant at some future point in time.

Aggravation of a Pre-Existing Condition Standard

You may find that a previous condition or injury is related to the condition or injury that is the basis of the disability application. If the acceleration of a pre-existing condition or injury is as a result of an accident or hazard undergone, in performance of the applicant's duties, causation would be established. However, if the disability is due to the natural progression of the pre-existing condition or was not aggravated by the alleged injury sustained or hazard undergone, causation would not be established.